

POSITION		ID NO.	DATE
CLASSIFIER		45	7-19-95
EXAMINER		502	8-9-95
TYPIST		343	8/10/95
VERIFIER		271	8-11
CORPS CORR.			
SPEC. HAND			
FILE MAINT.			
DRAFTING			

INDEX OF CLAIMS

Claim		Date			
Final	Original				
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Best Available Copy

SYMBOLS
✓ Rejected
+ Allowed
- (Through numeral) Canceled
+ Restricted
N Non-elected
I Interference
A Appeal
O Objected

Claim		Date			
Final	Original				
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INDEX OF CLAIMS

Best Available Copy

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim		Date			
Final	Original	2	12		
		13	1		
		03	03		
181	=	=			
182					
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Claim		Date			
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		03	03		
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232	=	=			
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277	=	=			
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279	=	=			
280	=	=			

Claim		Date			
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		13	1		
		03	03		
281	=	=			
282					
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293	=	=			
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295	=	=			
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300	=	=			
(301)	✓	✓			
302	✓	✓			
303	✓	✓			
304	✓	0			
305	✓	✓			
306	✓	✓			
307	✓	✓			
308	✓	✓			
(309)	✓	=			
310	✓	=			
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313	✓	=			
314	✓	=			
315	✓	=			
316	✓				
317	✓				
318	✓	=			
319	✓	=			
(320)	✓	=			
321					
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323	✓	=			
324	✓				
325	✓				
326	✓				
327	✓				
328	✓				
329	✓	=			
(330)	✓	✓			

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Final	Claim	Date	Final	Claim	Date	Final	Claim	Date
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